

443-643-0305/410-879-2684
Fax # 443-643-0333

Statement of Worker's Compensation Insurance

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a Certificate of Compliance with the State Worker's Compensation Laws indicating the employer's worker's compensation insurance policy or binder number.

Circle the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application.

1. I have worker's compensation insurance.
Insurance Company _____
Policy or Binder Number _____
 2. I am self-employed and have a Certificate of Compliance. **Please attach a copy.**
 3. I am self-employed and wish to obtain a Certificate of Compliance from Worker's Compensation. **To obtain an application for a Certificate of Compliance please call 443-643-0305**
 4. I am self-insured. Approval of self-insurance has been received from the Worker's compensation Commission. **Attach a copy of the Certificate of Compliance.**
- * If you qualify under, 2, 3, or 4 and have questions about obtaining a Certificate of Compliance, please call the Worker's Compensation Board at 1-410-864-5297 or 1-800-492-0479.

Date

Signature **X**

Facility Name

Facility Address